



19973 Harrison Ave City of Industry, CA 91789 Phone: 909-895-0868 Fax: 909-598-8781

Credit Card Authorization Form

Company Name:

Cardholder's Name (Appears on the card):

Credit Card Number:

_____ - _____ - _____

Expiration Date:

CVS Code: (last 3 digits on the back of the credit card)

____/____ (MM/YY)

CVS Code: _____

Card Type: VISA Master AMEX

Payment Options: Recurring Charge One-Time Charge

****A 2% surcharge will be applied for All Credit cards payments.**

Amount charged (One-Time): _____

Date: _____

Credit Card Billing Address:

Street Address: _____

Terms and Conditions:

All Charges are based upon the sales order/s or invoice/s and/or the amount due with or without the shipping charges. By signing this form, the cardholder authorizes Emaxcity, Inc. To debit their credit card for the amount of each sales order or invoices due as payments of goods ordered or received. Emaxcity, Inc (Net term and COD customers) by signing this form Authorizes Emaxcity, Inc. to charge their credit card when any payments/s is/or past due or when stop payment occurred. All products and goods remain property of Emaxcity until payments are made in full. Any non-payment, chargebacks, and amount disputes occurred. The Cardholder further understood that any disputes, issues, and/or charge-backs must be made with Emaxcity, Inc. Emaxcity, Inc reserves all rights to collect any unpaid, products, goods, charge-backs, fees and/or all legal fees which incurred in/or during the collection process.

Card Holder Signature:

Date:

***Please include copies of the Credit Card (Front and Back) and Cardholders Driver's License.**